Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: AR-PC-07-026262

Company Tracking Number: CW CA 26346A

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: CW CA 26346A Forms Withdrawal filing for Zurich Programs Dealer Filing

Project Name/Number: /

#### Filing at a Glance

Company: Empire Fire and Marine Insurance Company

Product Name: CW CA 26346A Forms SERFF Tr Num: ZURC-125308458 State: Arkansas

Withdrawal filing for Zurich Programs Dealer

Filing

TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: AR-PC-07-026262

Sub-TOI: 20.0003 Other Co Tr Num: CW CA 26346A State Status:

Filing Type: Form Co Status: Not Applicable Reviewer(s): Betty Montesi,

Llyweyia Rawlins, Brittany Yielding

Author: Jane McKenna Disposition Date: 10/04/2007
Date Submitted: 09/28/2007 Disposition Status: Approved

Effective Date Requested (New): 11/01/2007 Effective Date (New): 11/01/2007

11/01/2007

#### **General Information**

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 10/04/2007

State Status Changed: 10/01/2007 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We recently submitted and received approval for changes to our Zurich Programs Dealer Program. It has come to our attention that we did not include several forms that we wish to withdraw from this program. At this time we would like to withdraw various forms. Please see the Explanatory Memorandum for further details.

#### **Company and Contact**

#### **Filing Contact Information**

Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: AR-PC-07-026262

Company Tracking Number: CW CA 26346A

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: CW CA 26346A Forms Withdrawal filing for Zurich Programs Dealer Filing

Project Name/Number: /

Jane McKenna, Product Analyst jane.mckenna@zurichna.com 1400 American Lane (847) 605-6303 [Phone]

Schaumburg, IL 60196 (847) 605-7768[FAX]

**Filing Company Information** 

Empire Fire and Marine Insurance Company CoCode: 21326 State of Domicile: Nebraska

13810 FNB Parkway Group Code: 212 Company Type:
Omaha, NE 68154-5202 Group Name: State ID Number:

(402) 963-5000 ext. [Phone] FEIN Number: 47-6022701

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Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: AR-PC-07-026262

Company Tracking Number: CW CA 26346A

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: CW CA 26346A Forms Withdrawal filing for Zurich Programs Dealer Filing

Project Name/Number: /

#### **Filing Fees**

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: Ar fee of \$50.00

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Empire Fire and Marine Insurance Company \$50.00 09/28/2007 15869824

Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: AR-PC-07-026262

Company Tracking Number: CW CA 26346A

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: CW CA 26346A Forms Withdrawal filing for Zurich Programs Dealer Filing

Project Name/Number: /

## **Correspondence Summary**

#### **Dispositions**

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/04/2007	10/04/2007

Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: AR-PC-07-026262

Company Tracking Number: CW CA 26346A

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: CW CA 26346A Forms Withdrawal filing for Zurich Programs Dealer Filing

Project Name/Number: /

#### **Disposition**

Disposition Date: 10/04/2007

Effective Date (New): 11/01/2007

Effective Date (Renewal): 11/01/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: AR-PC-07-026262

Company Tracking Number: CW CA 26346A

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: CW CA 26346A Forms Withdrawal filing for Zurich Programs Dealer Filing

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Documer	nt-Property &Approved	Yes
	Casualty		
Supporting Document	Memo	Approved	Yes
Form	Hail Exclusion	Approved	Yes
Form	Hail Deductible	Approved	Yes

Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: AR-PC-07-026262

Company Tracking Number: CW CA 26346A

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: CW CA 26346A Forms Withdrawal filing for Zurich Programs Dealer Filing

Project Name/Number: /

#### **Form Schedule**

Review	Form Name	Form #	Edition	Form Type Action	Action Specific Readability Attachment
Status			Date		Data
Approved	Hail Exclusion	EM 3265	09 96	Endorseme Withdrawn nt/Amendm	Replaced Form #:0.00
				ent/Conditi ons	Previous Filing #:
Approved	Hail Deductible	EM 3271	08 98	Endorseme Withdrawn nt/Amendm	Replaced Form #:0.00
				ent/Conditi	Previous Filing #:
				ons	

Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: AR-PC-07-026262

Company Tracking Number: CW CA 26346A

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: CW CA 26346A Forms Withdrawal filing for Zurich Programs Dealer Filing

Project Name/Number: /

#### **Rate Information**

Rate data does NOT apply to filing.

Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: AR-PC-07-026262

Company Tracking Number: CW CA 26346A

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: CW CA 26346A Forms Withdrawal filing for Zurich Programs Dealer Filing

Project Name/Number: /

#### **Supporting Document Schedules**

**Review Status:** 

Satisfied -Name: Uniform Transmittal Document- Approved 10/04/2007

Property & Casualty

Comments:

**Attachments:** 

PCTD-1WDAR.pdf FFS-1WDAR.pdf

**Review Status:** 

Satisfied -Name: Memo Approved 10/04/2007

Comments:

Attachment:

AR Forms Withdrawl Filing Memo.pdf

# **Property & Casualty Transmittal Document**

1.	<b>Reserved for Insurance</b>									
	Dept. Use Only	Date the filing is received:								
	b. Analyst:									
	c. Disposition:									
	d. Date of disposition of the filing:									
		e. Effective date of filing:								
			New Business							
			Renewal Business							
		f. S								
		g. S	ERF	F Filing #:						
				ct Codes						
3.	Group Name								Gr	oup NAIC#
	Zurich North America								212	
4.	Company Name(s)			Domicile	NA	AIC#	FEIN #	#		State #
	Empire Fire and Marine Insurar	nce Co.	-	NE		2-21326	47-602			
	•									
5.	<b>Company Tracking Number</b>		CW	CA 26346A						
	1 0	ate Officer		CA 26346A [include toll-free	nun	nber]				
	Company Tracking Number stact Info of Filer(s) or Corpora Name and address	nte Officer Title	(s) [			nber]	#		6	e-mail
Con	tact Info of Filer(s) or Corpora Name and address Jane McKenna	Title Business	(s)	include toll-free	#s			,	.mcl	kenna@zuric
Con	tact Info of Filer(s) or Corpora Name and address Jane McKenna 1400 American Ln	Title	(s)	include toll-free	#s	FAX		jane.	.mcl	kenna@zuric
Con	tact Info of Filer(s) or Corpora Name and address Jane McKenna	Title Business	(s)	include toll-free	#s	FAX		,	.mcl	kenna@zuric
Con	tact Info of Filer(s) or Corpora Name and address Jane McKenna 1400 American Ln	Title Business	(s)	include toll-free	#s	FAX		,	.mcl	kenna@zuric
Con	tact Info of Filer(s) or Corpora Name and address Jane McKenna 1400 American Ln	Title Business	(s)	include toll-free	#s	FAX		,	.mcl	kenna@zuric
6.	tact Info of Filer(s) or Corpora Name and address Jane McKenna 1400 American Ln Schaumburg, IL 60196	Title Business	(s)	Telephone 847-605-630	<b>#s</b> 3	<b>FAX</b> 847-605-	7768	,	.mcl	kenna@zuric
Con 6.	tact Info of Filer(s) or Corpora Name and address Jane McKenna 1400 American Ln Schaumburg, IL 60196  Signature of authorized filer	Title Business Analyst	(s)	Telephone 847-605-630	# <b>s</b> 3	FAX	7768	,	.mcl	kenna@zuric
6.	tact Info of Filer(s) or Corpora Name and address Jane McKenna 1400 American Ln Schaumburg, IL 60196	Title Business Analyst	(s)	Telephone 847-605-630	# <b>s</b> 3	<b>FAX</b> 847-605-	7768	,	.mcl	kenna@zuric
7. 8.	tact Info of Filer(s) or Corpora Name and address Jane McKenna 1400 American Ln Schaumburg, IL 60196  Signature of authorized filer	Title Business Analyst zed filer	(s)	Telephone 847-605-630  Jane McKen	<b>#s</b> 3 na	847-605-	7768	,	.mcl	kenna@zuric
7. 8.	tact Info of Filer(s) or Corpora Name and address Jane McKenna 1400 American Ln Schaumburg, IL 60196  Signature of authorized filer Please print name of authori Ing information (see General Ingress)	Title Business Analyst  zed filer Instruction	s for	Telephone 847-605-630  Jane McKen	ma of the	847-605-	7768	,	.mcl	kenna@zuric
7. 8. Fili 9.	Name and address Jane McKenna 1400 American Ln Schaumburg, IL 60196  Signature of authorized filer Please print name of authorized Ing information (see General Ingel Insurance (TOI) Sub-Type of Insurance (Sub-Type Insurance (S	Title Business Analyst  zed filer Instruction	s for	Telephone 847-605-630  Jane McKenir descriptions of	ma of the	847-605-	7768	,	.mcl	kenna@zuric
7. 8. Fili	tact Info of Filer(s) or Corpora Name and address Jane McKenna 1400 American Ln Schaumburg, IL 60196  Signature of authorized filer Please print name of authori Ing information (see General Ingress)	Title Business Analyst  zed filer Instruction (if	s for	Telephone 847-605-630  Jane McKenir descriptions of	ma of the	847-605-	7768	,	.mcl	kenna@zuric
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7. 8. Fili 9. 10.	Name and address Jane McKenna 1400 American Ln Schaumburg, IL 60196  Signature of authorized filer Please print name of authorized Type of Insurance (TOI) Sub-Type of Insurance (Sub-Tate Specific Product code(s) applicable)[See State Specific Requirements	Title Business Analyst  zed filer Instruction  (if rements]	(s)   s is for 20.0	Telephone 847-605-630  Jane McKenir descriptions of	ma na of the	FAX 847-605-	7768	hna.	.mcl	kenna@zuric
7. 8. Fili 9. 10. 11.	tact Info of Filer(s) or Corpora Name and address Jane McKenna 1400 American Ln Schaumburg, IL 60196  Signature of authorized filer Please print name of authorized ing information (see General Interpretation) Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type of Insuran	Title Business Analyst  zed filer Instruction  (if rements]	(s)   s ms for 20.0	Jane McKenic Commercial Au	mana of the auto	FAX 847-605-	Rates/Rul	hna.	.mcl	kenna@zuric
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7. 8. Fili 9. 10. 11.	tact Info of Filer(s) or Corpora Name and address Jane McKenna 1400 American Ln Schaumburg, IL 60196  Signature of authorized filer Please print name of authorized ing information (see General Interpretation) Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type of Insuran	Title Business Analyst  zed filer Instruction  (if rements]	(s)   s ms for 20.0	Jane McKengr descriptions of Commercial Au	mana of the auto	FAX 847-605-	Rates/Rul Rules/Foription)	hna.	.mcl	kenna@zuric

PC TD-1 pg 1 of 2  $\,$ 

## **Property & Casualty Transmittal Document---**

15.	Reference Filing?		Yes	∑ No
16.	Reference Organization (if applicable)			
17.	Reference Organization # & Title			
18.	Company's Date of Filing	09/	28/2007	
19.	Status of filing in domicile		Not File	ed Pending Authorized Disapproved
	,			
20	This films Anonemittal is now of Company	Гисл	1-: ~ #	CW CA 26246A
20.	This filing transmittal is part of Company	rac	eking #	CW CA 26346A
21.	Filing Description [This area can be used in lie	eu of	a cover l	etter or filing memorandum and is free-form text]
We r	ecently submitted and received approval for cha	inge	s to our Z	Zurich Programs Dealer Program. It has come to our
atten	tion that we did not include several forms that v	ve w	ish to wit	thdraw from this program. At this time we would like
to wi	thdraw various forms. Please see the Explanato	ry M	<b>Iemorand</b>	lum for further details.
	-			
	Filing Fees (Filer must provide check # and fo	e ar	nount if	annlicable)
22.	[If a state requires you to show how you calcu			
	[ [ a state requires you to show now you calcu	<u>rate</u>	a your iii	ing rees, place that eareulation below]
Ch	neck #:			
	nount:			
Refe	er to each state's checklist for additional s	state	e specifi	c requirements or instructions on calculating
fees			•	_
***F	Refer to each state's checklist for additional s	tate	specific	requirements (i.e. # of additional copies required,

other state specific forms, etc.)

#### FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms) (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #  CW CA 26346A								
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)								
3.	Form Name /Description/Synopsis	Form # Include edition date	Replac Or withdi	cement cawn?	If replacement, give form # it replaces	Previous state filing number, if required by state			
01	Hail Exclusion	EM 32 65 (0996)	Wi Wi	placement thdrawn					
02	Hail Deductible	EM 32 71(0898)	Wi Wi	placement thdrawn					
03			☐ Wi	placement thdrawn					
04			☐ Wi	placement thdrawn					
05			Wi Wi	placement thdrawn					
06			☐ Wi	placement thdrawn					
07				w placement thdrawn					
08			☐ Ne ☐ Re ☐ Wi	w placement thdrawn					
09			☐ Wi	placement thdrawn					
10				w placement thdrawn					

# Filing Memorandum Empire Fire and Marine Insurance Company Garage Liability Coverage Tier 1 Garage Liability Coverage Tier 2 ARKANSAS

On July 27, 2007, we received approval for a forms filing (SERFF Tracking Number ZURC-125246247), which included EM 3381 (02-07) Flood and Storm Surge; Wind; Hail Physical Damage Deductible(s) and EM 3382 (02-07) Flood and Storm Surge; Wind; Hail Exclusion. As a result, we no longer have a need for EM 3271 (08-98) Hail Deductible and EM 3265 (09-96) Hail Exclusion, as the new endorsements allow us to apply a deductible to or exclude Hail.

Therefore, we wish to withdraw EM 3265 (09-96) and EM 3271 (08-98) as of November 1, 2007.